

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	2					
4	2					
5	1					
6	1					
7	3					
8	3					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	13	13	13	13	13	13
TOTAL CLAIMS	14	14	14	14	14	14

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						